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PTO/SBAT; Rev III-III Number is required.  3. ASSIGNEE NAME AI PLEASE NOTE Unit recordation as sections (A) NAME OF ASSIG I KANOS Recorde	ND RESIDENCE DATA  ess an assignce is ident in 37 CFRA,11. Com  TNEE  Communicati d: 5/8/2008	A TO BE PRINTED ON lifted below no assigned pletion of this form is NO	(B) RESIDENCE: (CITY Fremont,	ngent) and the names meys or ngents. If no printed.  oc)  otent, If an assignee assignment,  and STATE OR CO CALIFORNIA	is identified below, the d	ideument has been filed fo
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